FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

RECEIVED JAN 1 8 2010

COMMITTEE NAME (Must be same as on Statement of Organi	zation)			
Citronstor Henderson			ORM OR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party			v. 12/2009)	REPORT
(4)County Central Committee (5)County Candidate (6)City Candida Subdivision Candidate (8)County PAC (9)City PAC (10)School Bot 11) Local Ballot Issue	te (7)School Board or Other Political	1 1	Office Use On	
CANDIDATE COMMITTEES ONLY:		_		
Candidate Name	Political Party (if applicable)	1 1		
Sarah Henoter son	$\mathcal{N}^{\mathcal{P}}$			
Office Sough Hy Councy /	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties. Pursucaptidate's committee, and the chairperson, for any other type of cor				
Sont Con Du Mar All)			1/10	//_
Man Albania Co			11/0	110
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE \$	IGNED
IAM FILINGA Jan 1949	REPORT FOR (1) ELECTION /(ONON E	ECTION VE	AD.
(report date)	Indicate by #	ZJNON-EI	LECTION	MK.
_				
CHECK IF AMENDMENT TO REPORT DATED	Lo	cal Comm	ittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach Notice of I (You must continue to file reports until a DR-3 is filed.)	Į C	ounty & Localich Election		, enter County in
				1
STATEMENT OF CASH ON HAND				
	Lof all funds held by the			
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Tota committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is first	sh on hand at the end	\$	1141	. 58
CASH ON HAND at the beginning of the reporting period. (Tota committee. This amount MUST be the same as the ca	sh on hand at the end	\$	1141	. 58
CASH ON HAND at the beginning of the reporting period. (Tota committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is first	sh on hand at the end t report filed.)		1141	. 58 69
CASH ON HAND at the beginning of the reporting period. (Tota committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD	sh on hand at the end t report filed.)		1141	. 58 69
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For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) CITICHS FOR HENCLEYSON		CK THIS BOX IF NDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/209	ID# CK#	Bank Interest		\$ • 24	
भवळव	ID# CK#	Bank Interest		•24	
3/2009	ID# CK#	Bank Interest		•22	
4/2009	ID# CK#	BankInterest		:084	
5/2009	CK#	Bank Interest		•09	
6/2009	ID# CK#	Bank Interest		010	
7/2009	ID# CK#	Bounk Interest		009	
810009	ID# CK#	Bank Interest		• 10	
9/2009	ID# CK#	Bank Interest		.10	
10/2009	ID# CK#	Bank Interest		+69	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 1.51	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization) CHICH SHOY HENDEN SEV	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/269	ID# CK#	Bank Merest		\$.69	
191369 101369	ID# CK#	Bank Interest		069	
10/249	ID# CK#	unifimizadlontribution		5.00	
	ID# CK#				
			SUB-TOTAL	= 196	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	NAME (Must be	same as on Statement of Organization)			
Ut	izens fi	or Henderson	,		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
7/24/09	CK# 1565	Linn Cecuniy Republicum Geder Rapids, 1A	s ponation	\$30.00	
	ID# CK#				
			SUB-TOTAL	\$ ·	
			TOTAL (if last page of this schedule)	\$ 30,00	
THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:					
Purchases of ce	Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)				
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)					

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